

HRSA State Planning Grant: Summary of Policy Options Under Consideration

APPROACH	BRIEF DESCRIPTION	TARGET POPULATION	STATE/FEDERAL INTERVENTION & FINANCING
<i>OPPORTUNITIES IN PUBLIC PROGRAMS</i>			
FULL ENROLLMENT OF CURRENTLY ELIGIBLE	Maximize outreach and enrollment activities for current public programs; promote retention in current public programs	Uninsured adults and children who currently qualify for existing public programs	Although an entitlement, this requires additional state funds if outreach is successful and enrollment increases beyond current budget
REMOVE CATEGORICAL ELIGIBILITY FOR MEDICAID COVERAGE	Remove standards that make certain low-income single adults ineligible for MassHealth	Low-income adults without children	Requires additional state funds; may be offset by FFP
LIMITED ADULT MEDICAL SECURITY PLAN (AMSP)	Program for adults over 18 modeled after CMSP	Low-income adults ineligible for employer sponsored insurance or other public health programs	Requires additional state funds
EXPAND SCHIP TO PARENTS OF ELIGIBLE CHILDREN	This option would allow parents without access to employer sponsored insurance but who have SCHIP eligible children, to enroll in SCHIP.	Low-income parents without access to employer sponsored insurance but who have children eligible for SCHIP	Requires additional state funds; may be offset by FFP
SINGLE POINT OF ENTRY FOR INDIVIDUALS TO ENROLL IN PUBLIC PROGRAMS	Have one process to determine which public programs a person/family is eligible for and then if eligible for one or more programs, give one ID card to them to be used for all programs; Make definitions more consistent between programs; Possibly fill in coverage gaps	Low-income under- and uninsured adults and children	May require additional state and federal funds for start up (the software/card system); If fill in coverage gaps for some individuals then extra funding would be needed from state and possibly federal levels
CHANGES TO THE INSURANCE PARTNERSHIP	Change the IP by one or more of the following: a) include larger employers, b) include people such as PCAs whose employer isn't eligible, c) provide larger subsidies, d) raise income eligibility level, and/or e) simplify completion of MBR.	Employer groups with high numbers of low-income, uninsured	Requires additional state funds, with some portion reimbursed by FFP
<i>CREATE BUY-IN OPPORTUNITIES</i>			
BUY-IN TO MASSHEALTH	Extend MassHealth on a buy-in basis to individuals and families who meet certain income guidelines	Individuals and families ineligible for, or unable to afford, nongroup, employer-sponsored, or public programs (i.e. PCAs)	Individual will pay a portion of premium based on their income, will require additional state funds

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BUY-IN TO GIC	Allow individuals and families to purchase health insurance through Group Insurance Commission (GIC) Plans	Low-income uninsured without access to employer sponsored insurance or other public programs. (i.e. PCAs)	Individual will pay portion of premium, but will require additional state funds
BUY-IN TO FEHBP	Allow individuals and families to purchase health insurance through the Federal Employees Health Benefits Program (FEHBP)	Low-income uninsured without access to employer sponsored insurance or other public programs	Individual will pay portion of premium; tax credit; requires state or federal government to appropriate sufficient funds to make up difference
<i>SPECIAL RESPONSIBILITY</i>			
INDIVIDUAL RESPONSIBILITY	Require individuals who contract with the state to acquire health insurance	Uninsured individuals who contract with the state (others?)	Cost to the state if further subsidies warranted for lower-paid individuals
EMPLOYER RESPONSIBILITY	Require employers who contract with the state to offer coverage or give preference to those who do	Uninsured working for employers that have relatively large state contracts	Cost to the state if some contracts must be larger to enable the employer to offer insurance
SPECIAL RESPONSIBILITY INDUSTRIES	Require employers whose industry is primarily financed by the Commonwealth (e.g. nursing homes) to offer health insurance and cover at least half of the premium cost.	Uninsured individuals who work for employers within these industries	Some of cost born by the employers; may need to provide financial incentive or otherwise ensure that most employers have adequate funds to offer insurance
<i>CREATE LOWER COST HEALTH BENEFITS OPTIONS</i>			
LIMITED BENEFIT INSURANCE: CATASTROPHIC COVERAGE	Permit insurers to sell limited “bare-bones” policies for coverage of catastrophic services. Note: As of 11/1/01 the state will allow insurance companies to create lower cost coverage plans with certain specifications. Insurance companies had to submit plans to DOI by 5/15/01 which would be effective 11/1 – therefore this option will include exploring the impact of these plans (if created) on the market.	Healthy and young individuals and families of all income levels	Minimal cost to state unless subsidize coverage for very low-income
<i>INCENTIVES FOR PURCHASE OF PRIVATE INSURANCE</i>			
TAX INCENTIVES: INDIVIDUAL/FAMILY	Allow tax credits for the purchase of health insurance	Moderate-income uninsured	Could cost the state a lot in lost revenues